

**STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT  
STATE INSURANCE FUND  
777 South Lawrence Street  
Montgomery, Alabama 36130-3250  
Dale.Whittle@riskmgmt.alabama.gov  
(334) 223-6120  
FAX (334) 223-6124**

**SELF-INSPECTION REPORT & PROPERTY  
INSURANCE REQUEST**

Protect	RCV	Constr
A/S	ACV	
	RSK	
	Bldg Fire	Cont Fire
Orig	EC	EC
RCV		
Office Use Only		

Call or email coverage requests to Division of Risk Management, then use this form to officially request insurance on buildings that are not currently insured with the State Insurance Fund (SIF). This form must be fully completed to activate insurance.

Division \_\_\_\_\_ Location # \_\_\_\_\_ Item # \_\_\_\_\_

INSURED \_\_\_\_\_  
Agency, Department, Board, or Commission

BUILDING NAME/USE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address

Insurance Effect Date	Building Insurance Amount**	\$ _____
100% Building Replacement Value*	Contents Insurance Amount**	\$ _____
100% Contents Value		\$ _____

\*Building Value (excluding land)                      \*\*State law requires minimum of 80% insurance to value

**BUILDING DATA**

- |   |   |
|---|---|
| <p>1. Number of Floors/stories _____</p> <p>2. Year Built _____</p> <p>3. Within City Limits      Y <input type="checkbox"/>    N <input type="checkbox"/></p> <p>4. Total Gross Square Footage _____<br/>(all areas, all floors)</p> <p>5. Fire Protection</p> <ul style="list-style-type: none"> <li>• Feet to Hydrant _____</li> <li>• Miles to Fire Dept. _____</li> <li>• Sprinkler System      Y <input type="checkbox"/>    N <input type="checkbox"/></li> <li>• Fire Extinguishers      Y <input type="checkbox"/>    N <input type="checkbox"/></li> <li>• Fire Alarm <ul style="list-style-type: none"> <li>Central Station      Y <input type="checkbox"/>    N <input type="checkbox"/></li> <li>Local                  Y <input type="checkbox"/>    N <input type="checkbox"/></li> </ul> </li> <li>• Smoke Detectors      Y <input type="checkbox"/>    N <input type="checkbox"/></li> <li>• Fire Drills              Y <input type="checkbox"/>    N <input type="checkbox"/></li> <li>• If Kitchen, Hood Extinguisher      Y <input type="checkbox"/>    N <input type="checkbox"/></li> </ul> | <p>6. Building Condition (if over 5 years old)    Date _____</p> <ul style="list-style-type: none"> <li>• Rewired                  Y <input type="checkbox"/>    N <input type="checkbox"/> _____</li> <li>• New Plumbing          Y <input type="checkbox"/>    N <input type="checkbox"/> _____</li> <li>• New Roof Installed      Y <input type="checkbox"/>    N <input type="checkbox"/> _____</li> <li>• Remodeled              Y <input type="checkbox"/>    N <input type="checkbox"/> _____</li> <li>• Describe remodeling _____</li> <li>• Describe Building Condition _____</li> </ul> |
|---|---|

**ATTACH A PHOTO OF THE BUILDING**

Name (Print/Type) \_\_\_\_\_

Signature \_\_\_\_\_

Title/Position \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

## CONSTRUCTION CHARACTERISTICS

### 1. FLOOR (ground level)

☐ concrete slab      ☐ wood      ☐ other \_\_\_\_\_

### 2. UPPER FLOORS

☐ concrete      ☐ wood      ☐ other \_\_\_\_\_

### 3. UPPER FLOOR SUPPORTS

☐ wood      ☐ metal      ☐ concrete      ☐ other \_\_\_\_\_

### 4. EXTERIOR WALLS

☐ wood studs with wood siding      ☐ solid brick or stone  
☐ wood studs with vinyl siding      ☐ hollow concrete block  
☐ wood studs with metal siding      ☐ hollow concrete block with brick or stone veneer  
☐ wood studs with brick or stone veneer      ☐ all metal  
☐ metal girts with brick veneer      ☐ solid concrete  
☐ other \_\_\_\_\_

### 5. ROOF

☐ flat  
☐ pitched  
☐ combination  
☐ other \_\_\_\_\_

### 6. ROOF SUPPORTS

☐ wood  
☐ metal  
☐ concrete  
☐ other \_\_\_\_\_

### 7. ROOF DECK

☐ wood  
☐ metal  
☐ concrete  
☐ tectum  
☐ other \_\_\_\_\_

### 8. ROOF COVERING

☐ shingles  
☐ metal  
☐ built-up tar & gravel  
☐ rubber membrane  
☐ other \_\_\_\_\_

9. HEAT SYSTEM      ☐ Coal      ☐ Electric      ☐ Gas      ☐ Wood      ☐ Other

(Explain) \_\_\_\_\_

10. HEAT METHOD      ☐ Forced      ☐ Hot Water      ☐ Radiant      ☐ Steam      ☐ Other

(Explain) \_\_\_\_\_

11. AIR CONDITIONING (Describe) \_\_\_\_\_

12. PLEASE SKETCH THE GROUND FLOOR WITH DIMENSIONS (Attach a separate sheet if necessary.)